

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

Household Hazardous Waste Eight-Hour Refresher Training Equivalent Training

1.	HHW Facility				Permit#	
	Address					
	(Street or Rural Route)		(City & State)		(Zip)	
	Phone	Fax	xE-mail		(optional)	
2.	Person Requesting E	Person Requesting Equivalent Training (Print Name) (Signature)				
			(Print Name)		(Signature)	
3.	HHW Facility Man	ager	(Print Name)		(Signature)	
4.	Description of trai	ning.				
Course Title		Hours	of Training	Course Description*		
*Sul	bmit course document	ation. (Flyer, I	Brochure, Co	ourse Syllab	us, etc.)	
Equi	valent Training					
A rec		the department on			approval by KDHE on an annual basis. artment at least 30 days prior to the date	
Exan	nples of equivalent training	g could be:				
0	An academic degree, college courses, seminars, classes, or vocational courses in an appropriate field of study, e.g. environmental science, chemistry, or industrial safety.					
0	Experience with related chemical or safety procedures through working or on-the-job training through the following: the military, law enforcement, the fire department, or emergency management.					
KDI	HE Approval			_		
		nature)			(Date)	